

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90054 006 \*\*\*\*61.25

**DOCUMENT # N30181**

1. Entity Name

**NORTH MIAMI AVENUE CHURCH OF CHRIST**

Principal Place of Business

Mailing Address

13521 MEMORIAL HWY  
 MIAMI FL 33161  
 US

5 NW 164TH STREET  
 MIAMI FL 33168  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0078354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORVIL, JOSEPH  
 1645 N.W. 129TH STREET  
 MIAMI FL 33168

Name **Fred A. Shewmaker**

Street Address (P.O. Box Number is Not Acceptable)

**14601 N.W. 2nd Ave.**

City **Miami**

FL Zip Code **33168-2809**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Fred A. Shewmaker (T)** *Fred A Shewmaker* **3/18/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SD LUCAS, DAVID A. (SR)  Delete  
 STREET ADDRESS 5 NW 164 ST.  
 CITY-ST-ZIP MIAMI FL 33168

TITLE NAME VD Clarence Jams Holder  Change  Addition  
 STREET ADDRESS 1634 NW 59 street Apt 2.  
 CITY-ST-ZIP Miami FL 33142-0000

TITLE NAME VD DORVIL, JOSEPH  Delete  
 STREET ADDRESS 1645 N.W. 129TH STREET  
 CITY-ST-ZIP NO. MIAMI FL 33168

TITLE NAME TD Thomas Ellis Lucas  Change  Addition  
 STREET ADDRESS 5 NW 164 ST  
 CITY-ST-ZIP Miami FL 33169-0000

TITLE NAME PD PRENTICE, RONALD  Delete  
 STREET ADDRESS 10335 NW 5 AVE  
 CITY-ST-ZIP MIAMI FL 33150

TITLE NAME  Change  Addition

TITLE NAME TD LUCAS, DAVID J  Delete  
 STREET ADDRESS 5 NW 164 ST  
 CITY-ST-ZIP MIAMI FL 33168

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David A Lucas* (SD) *JIFE* *Lucas* **3-19-01** **(305) 940-3004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

**Florida DRIVER LICENSE CLASS D**

*The Sunshine State*  
 LICENSE NUMBER  
**P653-732-47-016-0**

**RONALD LARRY PRENTICE**  
 10335 NW 5 AV  
 MIAMI, FL 33160-1101

BIRTH DATE SEX HGT. REST ENDORSE  
 01-18-47 M 6-08 A

ISSUED EXPIRES DUPLICATE  
 01-15-87 01-16-03 00-00-00

*Ronald Larry Prentice*

ORGAN DONOR  
 5099701150036

SAFE DRIVER  
 MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

PD

North Miami  
 CHURCH OF CHRIST  
 13521 Memorial Highway  
 North Miami, FL 33161

Year 2001  
 Attachment  
 DOC # 30181  
 C0038196

**Florida DRIVER LICENSE CLASS D**

*The Sunshine State*  
 LICENSE NUMBER  
**L220-825-77-095-0**

**THOMAS ELLIS LUCAS**  
 6 NW 184 STREET  
 MIAMI, FL 33169-0000

BIRTH DATE SEX HGT. REST ENDORSE  
 03-15-77 M 6-00 A

ISSUED EXPIRES DUPLICATE  
 11-13-88 03-15-03 00-00-00

*Tom Lucas*

SAFE DRIVER  
 MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

TD

**Florida DRIVER LICENSE CLASS E**

*The Sunshine State*  
 LICENSE NUMBER  
**H436-110-71-389-0**

**CLARANCE JAMS HOLDER**  
 1634 NW 59TH ST APT 2  
 MIAMI, FL 33142-0000

BIRTH DATE SEX HGT. REST ENDORSE  
 10-29-71 M 6-07

ISSUED EXPIRES DUPLICATE  
 08-09-88 10-29-05 00-00-00

*Clarance Holder*

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

VD

**Florida DRIVER LICENSE CLASS E**

*The Sunshine State*  
 LICENSE NUMBER  
**L220-161-48-466-0**

**DAVID ARNOLD LUCAS**  
 6 NW 184 STREET  
 MIAMI, FL 33169-6525

BIRTH DATE SEX HGT. REST ENDORSE  
 12-26-48 M 6-01

ISSUED EXPIRES DUPLICATE  
 11-02-88 12-26-04 00-00-00

*David A Lucas*

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

SD

**FLORIDA DRIVER LICENSE**  
*The Sunshine State*

**FRED A SHEWMAKER**  
 14601 NW 2ND AVE  
 MIAMI, FL 33168-2809

DATE OF BIRTH SEX HGT. REST ENDORSEMENTS  
 12-03-31 M 5-08 A

LICENSE ID NUMBER ISSUE 12-03-1995  
 S526-241-31-443-0 EXPIRES 12-03-2001

CLASS: E  
 SAFE DRIVER DUPLICATE DATE 00-00-0000

OPERATION OF A MOTOR VEHICLE CONSTITUTES CONSENT TO ANY SOBRIETY TEST REQUIRED BY LAW  
 ORGAN DONOR  
*Fred A Shewmaker*  
 P0996014178

Registered Agent

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